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HOME SUPPORT SERVICES AND THE ECOLOGY OF AGING

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Home support services for the aged are emerging as a primary concern in the Title XX planning proposals put forth by states and localities. This is not surprising when one considers that Title XX guidelines require the setting of priorities among non-cash benefit programs that help insure the individual's self-sufficiency within his or her normal environment.

All services under Title XX must relate to one or more of five objectives for the individual client: economic independence; self care; prevention or remedy of neglect, abuse or other conditions which lead to dependence; intermediate community based care and, as a last resort if all else fails, assistance in obtaining institutional care. Title XX, however, will support only the referral function for the latter, not the institutional care itself. These five objectives constitute an unequivocal cost benefit policy mandate against higher levels of care.

The legislators responsible for adopting Title XX were undoubtedly influenced by the Medicaid experience in reimbursement for nursing home services. Consequently, it would appear that Title XX came about to counter-balance and inhibit the alleged fiscal excesses unleashed by its predecessor, the Title XIX amendment to the Social Security Act. Title XX shifts the responsibility for social service provision from the federal government back to the states and local jurisdictions. It is assumed that this will offer sufficient incentives for a more realistic and decentralized consideration of local idiosyncracies and needs, as well as put into effect mechanisms for cooperation and integration of services. The federal government, therefore, is footing the social services bill while at the same time removing itself from the actual planning, delivery and quality monitoring of such services. In reality, however, its cost effectiveness philosophy underlies the entire goal setting process, thus authorizing the unwelcomed imperative of indiscriminate measurability.

Consequently, planners tend to lean toward objectives that require little budgetary inputs or that insure good measurable outcome returns in the shortest interval. Such approach leads to a proneness for easy and safe service investments rather than venturing into the more pressing and chronic entanglements of human misery.

It is in that vein that home support services are being hailed as a seemingly cheap alternative to institutionalization. Regrettably, their

intrinsic capability for enhancing the quality of life of older persons is overlooked, but it is even more deplorable that the definition of institutional care as the last, and least desirable, priority virtually anathematizes the whole level of these services.

THE ROLE OF INSTITUTIONAL CARE

It is a fact that nursing home costs have been skyrocketing precipitously and resources are being strained, while policy-makers remain at loss in their attempts to develop viable methods of reimbursement and enforceable regulatory standards of service. It has become fashionable to single out cases of patient abuse, outright larceny and fraudulent billings by unscrupulous administrators, as a wholesale indictment against this service. Nursing homes are labeled as "Medicaid mills" and altogether accused of turning into a highly lucrative industry which feeds upon human misery. The alleged failures or flaws of the Medicaid program are also used as the central argument by those who advocate a more comprehensive and simplified health system. This is a commendable objective, but the assumption that institutional care can be done away with altogether and that relatives are invariably capable of taking care of older members of their family is rather naive. Such assumptions overlook the fact that the institutionalized population has a mean age of 82, with over 70 percent over age 70. Most of them are widows, including a sizeable portion of single, never married women. Nearly half of them do not have close relatives and widows have outlived their own children. Furthermore, resorting to institutional care does not necessarily constitute evidence of filial or kin neglect. Elaine Brody (1974) has vehemently denied the premise that there is such a thing as the "dumping" of older relatives into nursing homes. Applying to an institution is a measure of last resort in most cases, after all other avenues of assistance have been exhausted and it is usually done at the expense of extreme psychological, physical and economic stress.

THE LIMITS OF PRIMARY SUPPORT NETWORKS

The expectation that adult children or grandchildren can successfully attend to their ailing parents or grandparents merits yet further exploration. Sussman, Vanderwyst and Williams (1976) have recently approached this issue from the standpoint of the possible policy incentives (cash allotments, tax rebates, home health care, homemaking services, etc.) that would foster or facilitate a process of multigenerational living. Prior to World War II, three-generational households were common, but this was due to economic circumstances such as the Depression and housing shortages. Sussman, et al. hypothesized that with the continued increase in life expectancy, higher costs of nursing home care, and the prohibitive costs of new housing for the young, interest in the three-generational housing arrangements might rekindle. A survey they conducted in Cleveland to test that assumption revealed that 86 percent of the elderly interviewed were favorably inclined to living with their children, but the majority, 76 percent, also stated

their preference to continue living separately, in their own home. They felt that only when the older individual can no longer attend to his own needs should he move in with relatives. A sample of younger and middle aged heads of households saw merits in the program, particularly when supported by tax or cash incentives and medical and home services. About 60 percent were in favor and 33 percent said no, but only 19 percent were recalcitrant to the point that they would not accept an elderly relative, under any circumstances.

A closer analysis of the acceptance of an older person revealed an interesting attitudinal disposition: respondents were willing to take in female elderly relatives but made a strong exception against males, even if active, healthy and self-sufficient. Women were culturally perceived as a nurturing buffer between the second and third generations. They could absorb tensions and share the chores of the family unit. A male, instead, was regarded as a consumer of familial services, often in competition with the young offspring.

An unpublished study by Monk and Cabral, which inquired about the relationship between intergenerational family life and older persons' happiness, also arrived at striking differences between male and female respondents (1975). Living with a spouse is an overriding, and universal determinant of happiness in old age, but the intervening effect of having children works differently for both sexes. For elderly males, children do not necessarily provide great life satisfaction in later years. Moreover, those who had no children were the happiest of all and the rate of happiness was found to decrease in reverse relationship to the number of children. For women, however, happiness lies in the combination or "gestalt" of mother-and-wife roles. Having a husband but no children is instead a source of profound unhappiness.

The same study also reveals that widowhood brings a reversal in the feelings of male and female respondents, but in opposite directions: the most miserable condition older men experience is that of a widower without children; they were probably so dependent upon their wives that they now feel desolate and unable to care for themselves. Childless widows do relatively better after their mourning stage and may probably even sense a sort of liberation, but widows with adult children were the most traumatized. They probably harbored unrealistic or exaggerated expectations about solicitous filial responsiveness that never occurred.

The two studies mentioned above are only a token illustration about the potential and differential adjustments of older men and women to intergenerational transactions. Primary initial support networks do exist and are often very effective, but to assume that they can replace in all cases more formalized and complex care systems is unrealistic. It is praiseworthy when a son or a daughter is ready to take in an ailing parent or grandparent. However, as pointed out by Howard M. Mills (1976):

...this is fraught with disconcerting problems for both the host family and the elderly relative. The disruption of the life style and habit patterns of the family, the competition of children with the elderly for time and attention and the reversal of roles of the generations often produce traumas that are second only to institutionalization. And care in the homes of persons other than relatives is even worse. What senior citizens want above all else is to remain in their own homes as long as possible.

The risks are there and the transition from a nuclear family system back into an extended or neextended one, if it ever happens, should not be romanticized as a sort of return to an idyllic past. In the same vein, the image of the lonely and abandoned older person needs to be demythologized. Nearly 80 percent of men and 60 percent of women age 65 and over were members of family units in 1974. Sixty-two percent of them have a child within walking distance, 84 percent live within one hour travel of at least one child, and only seven percent have offspring further than two hours away by car. Families may remain active as pervasive infrastructures of service provision, but they simply are not often equipped to provide the specialized services required by their elderly relatives. At a time when Parent Effectiveness Training techniques are used for improving the socialization function toward the young, Children Effectiveness Training techniques should also be offered for aiding in the support function toward elderly parents.

AN ECOLOGICAL JUSTIFICATION

Home support services, respite services and community based services such as multiservice centers and day care programs are essential ancillary resources for primary, filial support systems. Home services, however, need to be conceptually separated from the latter. To begin with, the need for homemaking services as discussed by W. E. Berg, et al., is greatest among unattached people with low incomes who are 70 years old or older (1975). The family constellation has disintegrated, or it probably did not exist in the first place. Cost-benefit considerations alone are not sufficient, even if home maintenance of aged people is only about one-third as expensive as nursing home care (P. Brickner et al., 1976).

The legitimization of home support services usually centers around the attempt to sustain the older person in his normal habitat, within his familial community, at a meaningful level of self-sufficiency and independence. Most consider that it postpones the relocation stress, the crises relating to separation and loss that occur when relocation, even if voluntary, takes place. An additional ecological argument revolves around the older person's "life space," namely the complex set of familiar objects, people and locations that give meaning to his life. It seeks to enhance the symbiotic

relationships with an environment that operates as a system of positive cues and provides focal points of orientation and security. Home support services should therefore acquire an environmental restorative function which includes the elimination of drabness with carefully planned and spaced sensorial stimulants. This function enables overcoming reduced sensorial thresholds and it is implicit in many systems of environmental or milieu therapy. Such therapies, however, are generally performed in institutions. It is suggested that some of their principles and techniques should be brought into older persons' homes. An environmental therapeutic process is already set in motion there, to the extent that home support services identify disabilities and prescribe congruent supportive resources that make it possible to retain a relative measure of functional autonomy. Powell Lawton cautions that the point of balance between a person and his environment is hard to determine and that the provider of home services should avoid "over-providence," stifling excessive supports that foster dependence (1975). The provider should not make behavioral demands either from his older client that require a high level of self reliance.

Home support services and home improvement services enable older persons to negotiate their home, or micro-environmental challenges. Other services such as transportation are needed to help them handle the macro-environment, to reach community central services and choose alternative, even if temporary, environments (senior centers, parks, shopping malls, etc.). Without this capacity to transcend the micro-environment, there is the risk that homes may ultimately turn into de facto one-patient institutions, regardless of the quality of support or care brought into them.

HOME IMPROVEMENT SERVICES

Home services are of little value if the ecological context, the home itself, is in shambles or in unsafe condition. A study by Monk and Cryns, on service needs of the aged, revealed that home maintenance was the second major concern of the elderly respondents, preceded only by transportation. It supersedes in importance some of the less tangible clinical or counseling services and even income supports and health care (1976). The same study revealed that the elderly wished to remain in their homes against all odds. Their rootedness to place was so profound that they abhorred the thought of relocation, even if it involved the promise of safer and better premises.

A survey conducted by Cornell University, and quoted by Chandler, among OASDI beneficiaries aged 65 and older in four areas, rural and urban, found that 45 percent of the interviewees needed home improvements and that the majority of them had annual incomes below the poverty level (1972).

Home improvement needs become particularly more acute during times of severe environmental strife. Brickner documented that approximately 15 percent of the Erie County Office for Aging Information and Referral calls during the January, 1977 blizzard were related to home repairs (1977). Legal Counseling for the Elderly, in the same county, reported half of their storm-related calls as problems of home deterioration. Most of the remaining calls

were concerned with high utility bills which, in turn, is often a result of poor insulation, faulty equipment, and broken doors and windows. A home improvement service for the aged has the added advantage that it performs an overall community function. By arresting a decaying process, it fights environmental blight and improves the neighborhood's quality of life.

EXTENT OF NEED

The extent of need for home support services is difficult to ascertain with reasonable accuracy. The Levinson Gerontological Policy Institute, as mentioned by Morris, estimated that 13.8 percent of the non-institutionalized aged need some form of help in the home and home personal care services (1974). Burton Dunlop, of the Urban Institute, claimed that one out of every four older persons has a chronic condition which requires some type of care. This represents about five million people, 2.6 million of whom diagnostically belong to nursing homes, boarding homes, and congregate living facilities while the remainder--about 2.4 million--are in need of supportive service. Without the latter, they will deteriorate to the point where institutionalization becomes inevitable. Demographic trends indicate that with progressively higher life expectancy, the aged, as a group, are becoming older. As stated by Palmore, "between 60-70, the group over 75 grew at a rate three times as great as the group aged 65-74. Since older age is associated with higher rates of illness and disability the increased age of the older population would be expected to increase illness and disability rates." (1973)

CATEGORIES OF HOME SUPPORT SERVICES

It is difficult to arrive at an exhaustive inventory of home support services. The most commonly mentioned are friendly visiting, homemaking, telephone reassurance, home delivered meals, chore services, home maintenance services, errand and escort services, home health care, etc. Homemaker or housekeeper services overlap with some of the preceding services, as they offer a wide array of supports such as planning and preparation of meals, shopping and errands, housekeeping, washing laundry, instructing in household routines, and assisting with personal care. An indirect, related service is companionship and socialization.

The basic services provided by the Family Service Association of Brown County, Wisconsin, as reported by T. J. Steeno, et al., include: transportation for health care and essential shopping; chores, food preparation and laundry; training to help clients handle their money, provide proper nutrition and improve family relationships; protective services to assist in preventing neglect or abuse; personal services such as grooming, physical therapy and secretarial needs; and finally referral and brokerage on behalf of the client (1977). The homemaker's training or teaching function is based upon the Title XX guidelines, which envision the homemaker as carrying on training in the activities of daily living, education in money management, home maintenance, personal care and health maintenance, promotion of utilization of community services, and teaching methodologies for alleviating disabilities.

A report of the Senate Subcommittee on Long-Term Care highlights some of the components of British home care services which are more specifically geared to health considerations (1974). They include chiropody, podiatry, visiting nurses, meals-on-wheels, recuperative holidays, ambulance service, laboratory drugs, physical therapy, short term admissions or respite services and "floating" beds, which consist of scheduled admissions every two weeks for three days of intensive treatment. The mix of service is potentially infinite. "Packages" of services must therefore be selectively prescribed according to proper case diagnosis.

A COMPREHENSIVE APPROACH TO SERVICES

Home support services require, for their successful implementation, a comprehensive approach to service organization and management that transcends the social and health service dichotomy. Medical services must, in fact, become part of an articulate matrix of social or personal care services. The Levinson Institute proposed that such programs be developed by personal care organizations in contract with the local health departments, or similar agencies. It would conduct case-by-case assessment and it would be responsible for meeting individual needs through a flexible, broad array of services. A secondary gain is that care organizations may offer part-time employment for teenagers, students and elderly persons. Home support services will ultimately become the new challenge for health and welfare councils, and the new realm of advocacy for neighborhood organizations. It will be their responsibility to generate those new prototypes of comprehensive planning responsive to the successive gradations of vulnerability and disability among the elderly. Such services will be rooted in a better understanding of the ecological requirements of the senescent cohorts of society.

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